

## Trustee's Final Report

In Re: SYLVESTER S. OLIVER & PAMELA K. OLIVER  
4620 SHABBONA GROVE ROAD  
SHABBONA, IL 60550Case Number: 07-71595  
SSN-xxx-xx-6101 & xxx-xx-6980

D Dismissed

Case filed on:  
Plan Confirmed on:7/4/2007  
12/17/2007

Total funds received and disbursed pursuant to the plan: \$7,766.49      Detail of Disbursements below:

Claim #	Name of the Claimant	Claimed by the Creditor	Allowed by the Court	Principal Paid	Interest Paid
000	ATTORNEY JACQUELINE MONTVILLE	0.00	0.00	0.00	0.00
	Total Legal	0.00	0.00	0.00	0.00
999	SYLVESTER S. OLIVER	0.00	0.00	0.00	0.00
	Total Debtor Refund	0.00	0.00	0.00	0.00
001	AMERICREDIT	18,763.65	18,343.00	2,359.77	1,839.73
002	DEKALB COUNTY COLLECTOR	3,941.12	815.77	815.77	474.75
003	FARMERS & TRADERS STATE BANK	2,046.80	2,046.80	281.35	179.85
004	NATIONAL CITY MORTGAGE COMPANY	164,857.03	0.00	0.00	0.00
005	NATIONAL CITY MORTGAGE COMPANY	16,432.46	1,252.71	1,252.71	0.00
	Total Secured	206,041.06	22,458.28	4,709.60	2,494.33
001	AMERICREDIT	0.00	420.65	0.00	0.00
006	AMERICREDIT FINANCIAL	0.00	0.00	0.00	0.00
007	AURORA EARTMOVER CREDIT UNION	0.00	0.00	0.00	0.00
008	COMED	0.00	0.00	0.00	0.00
009	CONSULTANTS IN DIAGNOSTIC IMAGING	0.00	0.00	0.00	0.00
010	COUNTRY GAS CO	0.00	0.00	0.00	0.00
011	CREDIT PROTECTION	0.00	0.00	0.00	0.00
012	CREDIT RECOVERY INC.	0.00	0.00	0.00	0.00
013	CREDITORS COLLECTION BUREAU	0.00	0.00	0.00	0.00
014	DEKALB COUNTY COLLECTOR	0.00	0.00	0.00	0.00
015	DISH NETWORK	0.00	0.00	0.00	0.00
016	EQUIFAX	0.00	0.00	0.00	0.00
017	EQUIFAX	0.00	0.00	0.00	0.00
018	EXPERIAN	0.00	0.00	0.00	0.00
019	H & R ACCOUNTS	0.00	0.00	0.00	0.00
020	H & R ACCOUNTS	0.00	0.00	0.00	0.00
021	HEAVNER, SCOTT, BEYERS & MIHLAR	0.00	0.00	0.00	0.00
022	INSURANCE PLUS	0.00	0.00	0.00	0.00
023	INSURE ONE	0.00	0.00	0.00	0.00
024	KISH HEALTH SHABBONA	0.00	0.00	0.00	0.00
025	KISHWAUKEE COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00
026	MONTGOMERY WARD / MBGA	0.00	0.00	0.00	0.00
027	MORTGAGE ASSISTANCE SOLUTIONS	0.00	0.00	0.00	0.00
028	NATIONAL HOMEOWNERS ASSISTANCE	0.00	0.00	0.00	0.00
029	OMFS FOR NORTHERN ILLINOIS	0.00	0.00	0.00	0.00
030	ONYX ACCEPTANCE CORPORATION	0.00	0.00	0.00	0.00
031	REDDY MEDICAL ASSOCIATES	0.00	0.00	0.00	0.00
032	TRANSUNION	0.00	0.00	0.00	0.00
033	VERIZON NORTH	0.00	0.00	0.00	0.00
034	WASTE MANAGEMENT	0.00	0.00	0.00	0.00
035	WEST ASSET MANAGEMENT	0.00	0.00	0.00	0.00
	Total Unsecured	0.00	420.65	0.00	0.00
	Grand Total:	206,041.06	22,878.93	4,709.60	2,494.33

Total Paid Claimant: \$7,203.93  
Trustee Allowance: \$562.56  
Percent Paid Unsecured: 0.00

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liability on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

/s/ Lydia S. Meyer  
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Lydia S. Meyer, Trustee

**United States Bankruptcy Court**

of the

**Northern District Of Illinois**

**Western Division**

This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 12/30/2008

By /s/Heather M. Fagan